Name in Full

Certificate of Death

Lloyd Chambers

Died at Town: Oakland County: Garrett MARYLAND

Date ~~183~~ 1900 Month: 2 Day: 5

Age Y. 47 M. 8 D. 1

Native of Md

Occupation Stone mason

~~Male~~ ~~Female~~ | ~~White~~ ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 9

Husband ~~Wife~~ of Louisa Chambers

~~Father's Name~~ Mother's ~~Name~~ 42

Cause of Death — Primary: Hemorrhage of the Lungs — How long sick: 12 hours

Immediate — Accident, Suicide, Homicide

Reported by M. C. Hamburg L

Address Oakland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70808

Name in Full

Certificate of Death

Mrs. Annie Feeney

Died at Town Hutton County Garrett MARYLAND

Date 19 or Month 2 Day 11 | Age Y. 73 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 3

Husband Wife of Patrick Feeney

Father's Name

Mother's Maiden Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Mountain Democrat 2-15-

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Name in Full Mrs John Hoover

Certificate of Death

Town Burnsville County Garrett MARYLAND

Died at

Date 1900 Month July Day 23 | Age Y. M. D. | Native of Md | Occupation Housewife

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | Widow / ~~Widower~~ | ~~Divorced~~ | Number of children living 6

Husband / Wife of John Hoover

Father's Name Jacob Bunger

Mother's Name Sarah Baker

Cause of Death — Primary Diphtheria 8a

Immediate

How long sick 4 days

~~Accident, Suicide, Homicide~~

Reported by J L Evans

Address Grantsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70098

Name in Full

Certificate of Death

Rachael Ann Critchfield

Town: near Blaine County: Garrett

Died at MARYLAND

Date 1900 Month Feb Day 15 | Age Y. 70 M. D. | Native of Garrett Co. | Occupation Farmer

Male | ~~Female~~ | White | ~~Colored~~ | Married | ~~Single~~ | ~~Widow~~ | ~~Widower~~ | ~~Divorced~~

Number of children living one

Husband ~~Wife~~ of —— Yarnick

Father's Name ——

Mother's Name ——

Cause of Death: Primary Grippe

Immediate Pneumonia

How long sick 10 days

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by J. B. Armstrong M. D.

Address Oakland Garrett Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 85068

Name in Full — Certificate of Death

Jane Koontz Michaels

Died at Town Finn Rock near Barton County Garrett MARYLAND

Date 1900 Month Feb Day 3 | Age Y. 76 M. 1 D. 1/2 | Native of md | Occupation H.W.

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 8

Husband / Wife of Kelita Michaels

Father's Name Jacob Koontz | Mother's Name Dorcas Ayers

Cause of Death — Primary Pneumonia 72 | How long sick 5 days

Immediate | Accident, Suicide, Homicide

Reported by John F. Dawson, (Undertaker)

Address Barton Md

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]B

Attended by Dr. Kalbaugh

of Piedmont W. Va

Seen by Coroner

of

Information contained in this certificate received

from Jacob Michaels (Son)

of Burton Mark

Name In Full

Andrew Nelson

Certificate of Death

Town: Oakland

County: Garrett

Died at Oakland MARYLAND

Date 1900 Month 2 Day 14

Age Y. 53 M. 10 D. 9

Native of Scotland

Occupation Butcher

Male ~~Female~~

White ~~Colored~~

Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 9

Husband of Wife Anna Thompson

~~Father's Name~~

~~Mother's Name~~

25-6

Cause of Death — Primary: Cancer of Lip Stomach

How long sick

Immediate

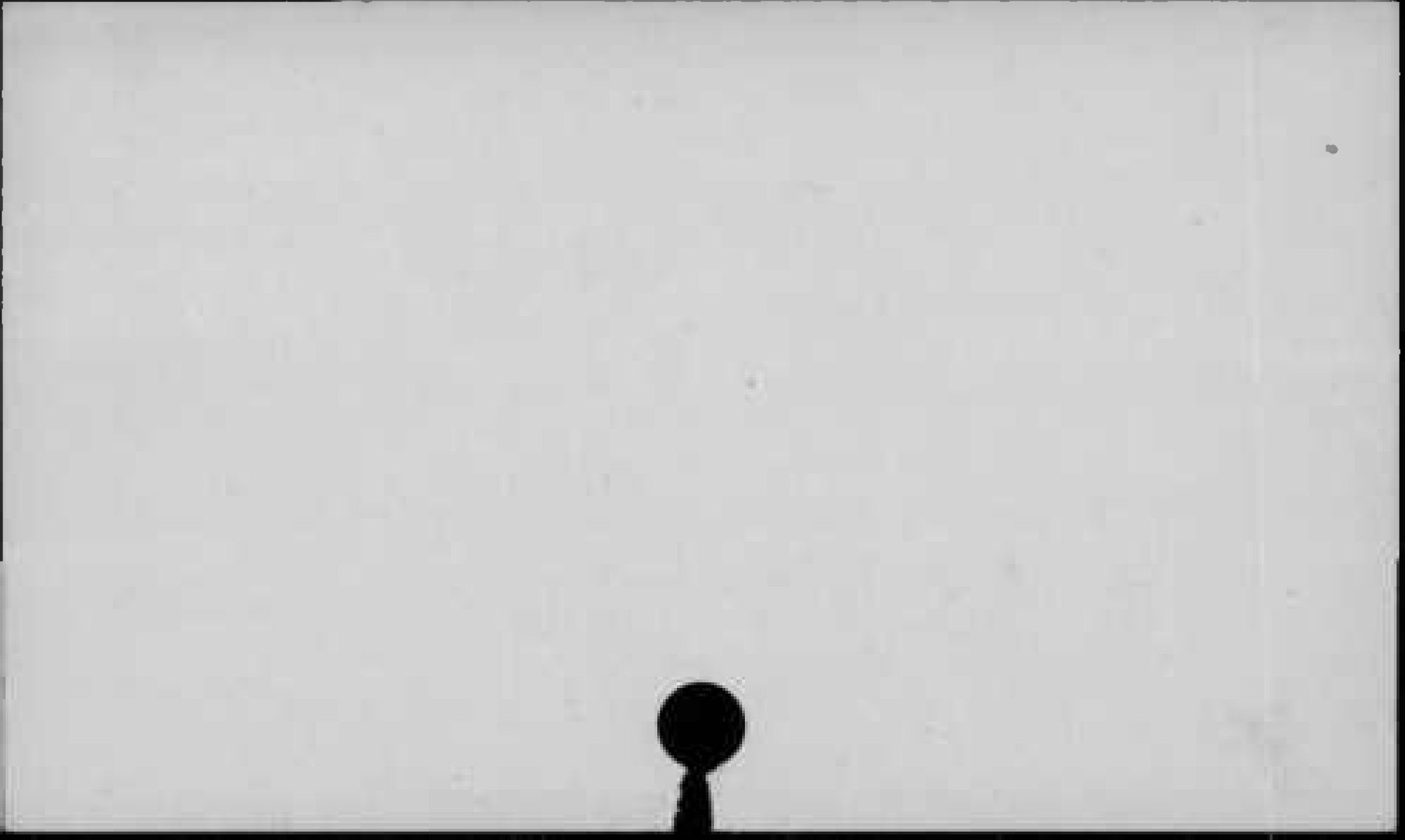
Accident, Suicide, Homicide

Reported by M. C. Humbert L

Address Oakland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70998



Name In Full

Certificate of Death

James K. P. Shipley

Town

County

Died at Oakland Garrett MARYLAND

Date 1900	Month 2	Day 27	Age Y. 33 M. 1 D. 7	Native of Md	Occupation Store Mason

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living 2

Husband ~~Wife~~ of Ada A. Wolfenden

~~Father's Name~~

~~Mother's Name~~

Cause of Death		How long sick
	Primary Pneumonia 72	10 days
	Immediate	Accident, Suicide, Homicide

Reported by M. C. Hinebaugh

Address Oakland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79848